Journeying Toward the True North in Healthcare Quality: Person-Centered Care's Influence in Long-Term Care Facilities

Part 2

Jean Storm, DO, CMD, CHCQM
Medical Director Quality Insights

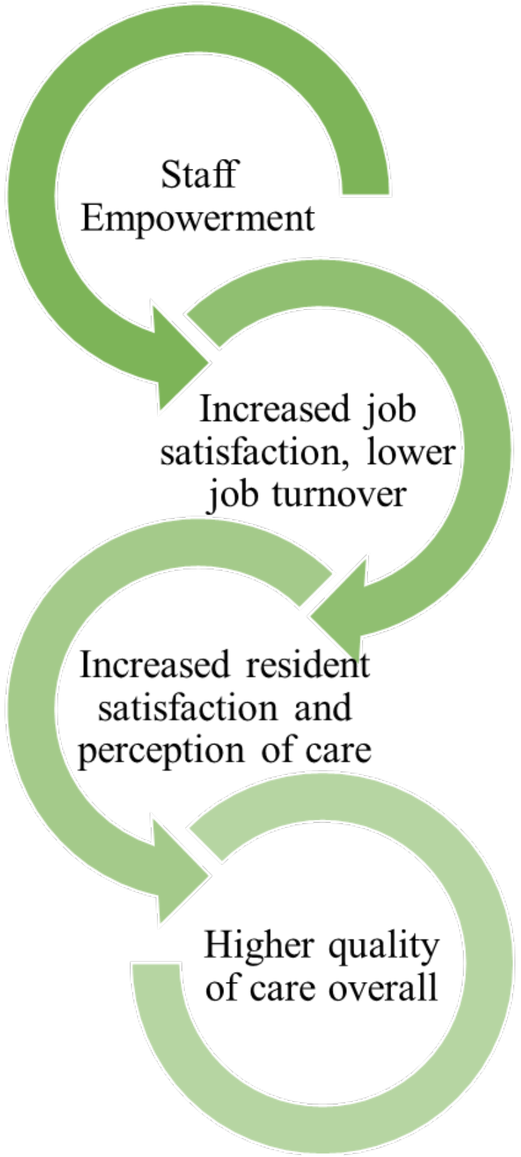
Quality Insights
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

Learning Objectives

1. Understand the core principles of person-centered care and its significance in shaping medical decision-making within long-term care facilities.
2. Explore the practical implications of person-centered care on patient outcomes and treatment strategies in the context of long-term care settings.
3. Identify strategies for physicians and physician extenders to integrate and promote person-centered care practices to enhance the quality of medical decisions and overall care delivery in long-term facilities.

Staff Empowerment

- "As we look ahead into the next century, leaders will be those who empower others." ~ Bill Gates
- "Leading well is not about enriching yourself - it's about empowering others." ~ John C. Maxwell
- "If your actions inspire others to dream more, learn more, do more, and become more, you are a leader." ~ John Quincy Adams



Source: AHRQ, Module 3: Staff Empowerment, 2017.

Staff Empowerment (cont.)

- Approximately 1,500 NHAs were asked to complete a survey regarding staff empowerment practices.
- The staff empowerment scores were compared to staff retention rates.
- A higher score on the staff empowerment index score was significantly associated with higher nursing assistant retention.
- “Practices that promote shared and open decision making such as having formal processes that allow NAs to contribute ideas on improving resident care and sharing facility-wide management decision-making power with staff may also promote staffing stability.”

Berridge C, Lima J, Schwartz M, Bishop C, Miller SC. Leadership, Staff Empowerment, and the Retention of Nursing Assistants: Findings From a Survey of U.S. Nursing Homes. J Am Med Dir Assoc. 2020 Sep;21(9):1254-1259.e2. doi: 10.1016/j.jamda.2020.01.109. Epub 2020 Mar 16. PMID: 32192871; PMCID: PMC7483198.

Supplementary Table S1
Leadership and Staff Empowerment Index

Staff Empowerment Index				
Survey Items	Percentages of Responses, Weighted [Point Value Assigned]			
In Your Facility, How Often…	Never [1]	Sometimes [1]	Often [2]	Always [3]
Does staff work together to cover shifts when someone can't come to work?	0.35	15.88	42.68	41.09
Is staff cross-trained to perform tasks outside of their assigned job duties, such as housekeeping staff trained to provide feeding assistance or nursing assistants trained to provide activities?	22.37	46.71	20.16	10.77
Is staff, other than activity and management staff, involved in planning social events?	7.99	44.80	31.18	16.04
Do staff teams create their own work schedules for their units (ie, schedule days and hours to work)?	63.87	26.72	6.53	2.88
Are new staff and residents formally introduced to each other?	5.22	24.83	28.00	41.95
Do nursing assistants take part in quality improvement teams?	5.74	41.12	32.31	20.83
Do nursing assistants attend resident care plan meetings?	21.60	46.56	18.27	13.57
Do nursing assistants know when a resident's care plan has changed?	1.36	15.57	29.68	53.38
Are changes in residents' care made as a result of nursing assistants' input?	0.51	22.26	59.43	17.80
Do nursing assistants work with the same residents?	0.06	6.04	69.35	24.55
Do nursing assistants alter their work priorities to meet residents' needs?	0.35	15.26	54.91	29.48
Do nursing assistants communicate with family members to convey or obtain information about residents?	2.76	33.28	50.17	13.79
Does your facility give bonuses, raises, or other rewards to nursing assistants who receive extra training or education?	28.42	40.23	19.66	11.69

Do nursing assistants alter their work priorities to meet a resident's needs?

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Collaborative Decision Making

- A healthcare provider and a patient work together to make healthcare decisions that are the best for the patient and respect the patient's wishes
- The optimal decision takes into account evidence-based information about available options, the provider's knowledge and experience, and the patient's values and preferences.

Source: AHRQ, Module 1: Shared Decision Making and the SHARE Approach, 2020.

Why is Collaborative Decision-Making Important?

- In many cases there are several treatment options available.
- Evidence-based assessments of treatments and interventions often fail to identify one treatment as clearly superior to another.
- Shared decision-making (guided by providers) can help patients understand the benefits and harms of the options and clarify their own values and preferences.

Source: AHRQ, Module 1: Shared Decision-Making and the SHARE Approach, 2020.

Source: AHRQ, [The Share Approach: A Model for Shared Decision Making](), 2023.

Benefits

- Shared decision-making can:
  - Improve the patient's experience of care
  - Improve patient adherence to treatment recommendations—emerging evidence that it can help improve health
- Evidence suggests that most patients want more information than given, and many would like to be more involved in their health decisions.

Source: AHRQ, Module 1: Shared Decision Making and the SHARE Approach, 2020

Benefits (cont.)

- Improve the patient's experience of care and the patient's adherence to treatment recommendations - emerging evidence that it can help improve health outcomes
- Improve the quality of care delivered and increase patient satisfaction
- Evidence suggests that most patients want more information than given, and many would like to be more involved in their health decisions.

Conversation Starters
“Now that we have identified the problem, it’s time to think about what to do next. I’d like us to make this decision together.”
“There is good information about how these treatments differ that I’d like to discuss with you before we decide on an approach that is best for you.”
“I’m happy to share my views and help you reach a good decision. Before I do, may I describe the options in more detail?”

Source: AHRQ, Module 1: Shared Decision Making and the SHARE Approach, 2020.

Is the Following Case an Example of Person-Centered Care?

Case

- An 82-year-old resident develops abdominal pain, fever, and elevated white blood cell count.
- The physician gives orders to send the resident to the hospital.
- The resident tells a nurse, “I want to be treated here.”
- The physician has a conversation with the resident and tells the resident, “You have to be under hospice and receive no life-prolonging measures if you stay here for treatment.”
- The resident agrees to be transferred to the emergency department after several hours of conversation with staff.

A Better Way

- The physician of the resident explains all treatment options to the resident.
- Together, the physician and the resident decide that the resident will remain in the facility, an IV will be placed, and the resident will receive IV antibiotics and IV fluids.
- The physician discusses code status with the resident, who decides to be DNR.
- The physician and the resident decide to order an ultrasound and lab tests in the facilities.
- The resident eventually improves.

Quality Improvement Process

- It is important to assess culture change in a facility at different points and then compare to see if what you are implementing is working.
- Utilize surveys for residents, front staff, activities, DON, NHA, etc.
- Listening groups may be very helpful in discovering new, creative ideas.
- Culture change and patient-centered care can be included in the QAPI process.

“Culture change or resident-centered care is an effort to make a nursing home less like an institution and more like a home. Core values include choice for residents, improving quality of care, staff empowerment, and creating a homelike setting.”

A. There is no discussion around culture change.
B. Culture change is under discussion, but we have not changed the way we take care of residents.
C. Culture change has partially changed the way we care for residents in some or all areas of the organization.
D. Culture change has completely changed the way we care for residents in some areas of the organization.
E. Culture change has completely changed the way we care for residents in all areas of the organization.
F. Other (please specify): _____

Write Your Own Survey to Track Efforts

- Example: A survey is administered at the resident council.
- The facility is implementing processes to ensure that residents have a choice in dining and sleeping times. How successful has this initiative been in the last three months?

  A. No change in resident choice
  B. Choice available for some residents some of the time
  C. Choice available for all residents some of the time
  D. Choice available for all residents all of the time
  E. Other

The Importance of Language

- Many healthcare professionals use “jargon” when communicating with patients and studies have demonstrated that patients incorrectly interpret many of these terms
- A study of 215 patients showed that only 29% of patients correctly answered that “bugs in the urine” meant a urinary tract infection, 9% knew what “febrile” meant, and only 2% understood what the term “occult infection” meant.

Gotlieb R, Praska C, Hendrickson MA, Marmet J, Charpentier V, Hause E, Allen KA, Lunos S, Pitt MB. Accuracy in Patient Understanding of Common Medical Phrases. JAMA Netw Open. 2022 Nov 1;5(11):e2242972. doi: 10.1001/jamanetworkopen.2022.42972. PMID: 36449293; PMCID: PMC9713608.

Communication

Use Plain Language

Use these words	Avoid these words	Use these words	Avoid these words
reduces swelling	anti-inflammatory	heart doctor	cardiologist
blood thinner	anticoagulant	skin doctor	dermatologist
take before meals	take on an empty stomach	doctor who treats diabetes	endocrinologist
take after meals	take on a full stomach	stomach doctor; doctor for digestion problems	gastroenterologist
high (low) blood sugar	hyper(hypo-)glycemic	doctor for women	gynecologist
high (low) blood pressure	hyper(hypo-)tension	doctor for the brain, spine, and nervous system	neurologist
fats	lipids	cancer doctor	oncologist
overweight	obese	eye doctor	ophthalmologist
weak bone disease	osteoporosis	lung doctor	pulmonologist
not cancer	benign	joint, bone, and immune system doctor	rheumatologist

Source: AHRQ, Teach-Back Quick Guide

Patient-Centered Care

Palliative Care and Hospice Care

- Patient-centered care is at the heart of both palliative care and hospice, as both of these types of care focus on the entire individual. The focus shifts from length of life to quality of life while respecting the wishes and rights of the patient and family.

Hospice, End of Life, and/or Palliative Care Critical Element Pathway

- “Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering.

- Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.”

Source: CMS, Hospice, End of Life and/or Palliative Care Critical Element Pathway, 2015.

Palliative Care

Palliative care (which includes hospice care) has been shown to improve outcomes for older adults with complex medical conditions living in nursing homes.

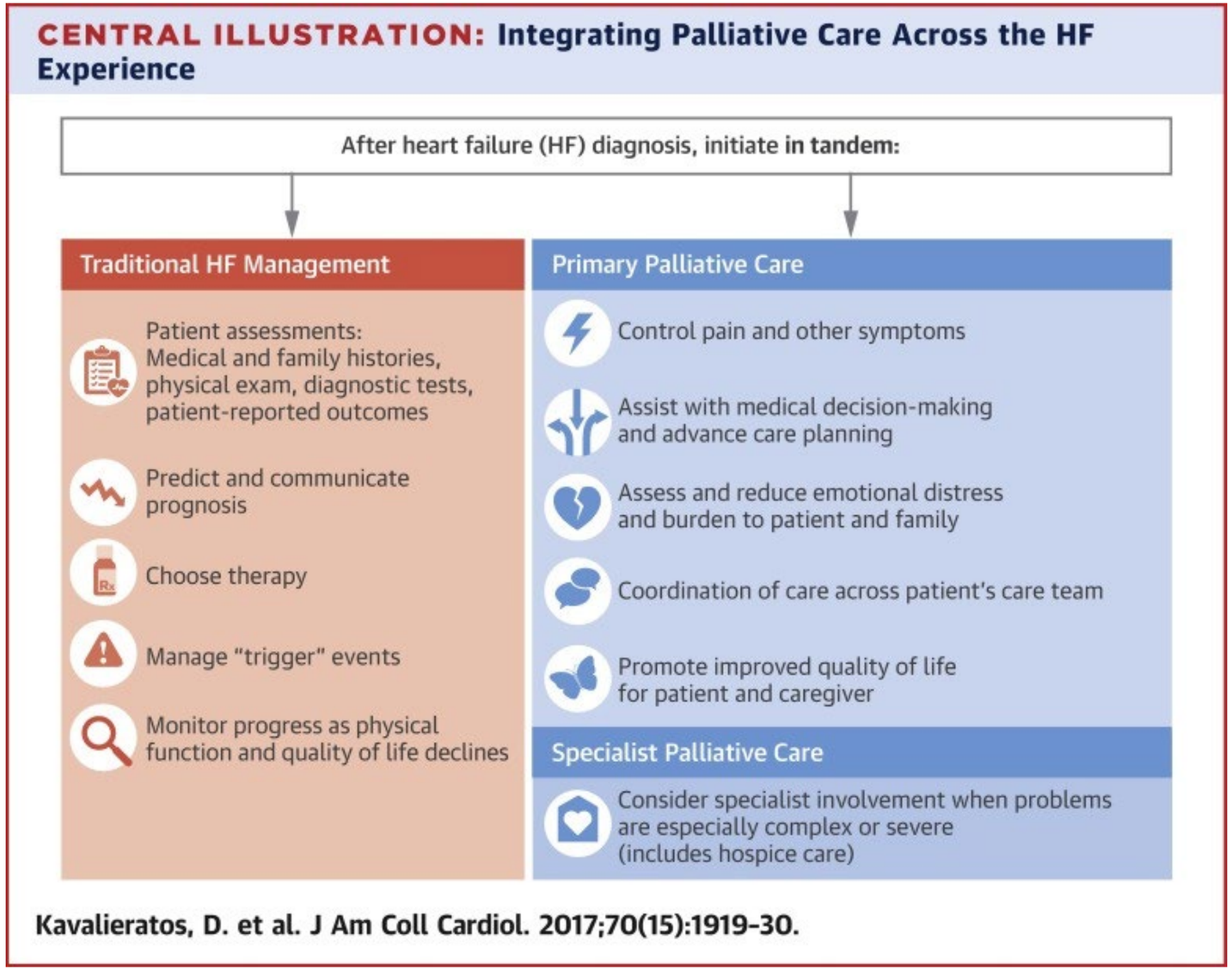
Open discussion about prognosis and illness trajectories

Interdisciplinary Care

Facilitation of life closure

Grief and bereavement support

Ersek M, Unroe KT, Carpenter JG, Cagle JG, Stephens CE, Stevenson DG. High-Quality Nursing Home and Palliative Care-One and the Same. J Am Med Dir Assoc. 2022 Feb;23(2):247-252. doi: 10.1016/j.jamda.2021.11.027. Epub 2021 Dec 23. PMID: 34953767; PMCID: PMC8821139.



Kavalieratos D, Gelfman LP, Tycon LE, Riegel B, Bekelman DB, Ikejiani DZ, Goldstein N, Kimmel SE, Bakitas MA, Arnold RM. Palliative Care in Heart Failure: Rationale, Evidence, and Future Priorities. J Am Coll Cardiol. 2017 Oct 10;70(15):1919-1930. doi: 10.1016/j.jacc.2017.08.036. PMID: 28982506; PMCID: PMC5731659.

Palliative Care and Survival Benefit

- A study of 23,154 patients with lung cancer in which 57% received palliative care showed that palliative care initiated 30 to 365 days after diagnosis resulted in increased survival.[1]
- A study of 4493 patients enrolled in hospice due to CHF, lung cancer, pancreatic cancer, and colon cancer showed a significantly longer survival period compared to non-hospice patients with the same diagnoses.
- Patients with CHF who were enrolled in hospice lived an average of 402 days after enrollment compared to 321 days survival of non-hospice patients with CHF.[2]

1.Association of Early Palliative Care Use With Survival and Place of Death Among Patients With Advanced Lung Cancer Receiving Care in the Veterans Health Administration
2. Connor SR, Pyenson B, Fitch K, Spence C, Iwasaki K. Comparing hospice and nonhospice patient survival among patients who die within a three-year window. J Pain Symptom Manage. 2007 Mar;33(3):238-46. doi: 10.1016/j.jpainsymman.2006.10.010. PMID: 17349493.

Equity and PSC

- A study in a critical care unit examined discussions between clinicians and patient caregivers. The study involved 20 Black and 19 White caregivers of critically ill patients for a total of 39 audio-recorded meetings with clinicians. The discussions involved advance care planning.

Ashana DC, Welsh W, Preiss D, Sperling J, You H, Tu K, Carson SS, Hough C, White DB, Kerlin M, Docherty S, Johnson KS, Cox CE. Racial Differences in Shared Decision-Making About Critical Illness. JAMA Intern Med. 2024 Apr 1;184(4):424-432. doi: 10.1001/jamainternmed.2023.8433. PMID: 38407845; PMCID: PMC10897823.

Equity

Emotional Support

Clinician provided
less emotional support for Black caregivers compared to support provided to White caregivers

Trust and Gratitude

Clinicians failed to acknowledge trust and gratitude expressed by Black caregivers

Sharing Medical Information

Clinicians shared limited medical information with Black caregivers compared with White caregivers

Respecting Preferences

Clinicians challenged Black caregivers' preferences for restorative care

Ashana DC, Welsh W, Preiss D, Sperling J, You H, Tu K, Carson SS, Hough C, White DB, Kerlin M, Docherty S, Johnson KS, Cox CE. Racial Differences in Shared Decision-Making About Critical Illness. JAMA Intern Med. 2024 Apr 1;184(4):424-432. doi: 10.1001/jamainternmed.2023.8433. PMID: 38407845; PMCID: PMC10897823.

Disparate Empathy

Conversation with Black Caregiver

Caregiver: “But until we get that test result, it’s just kind of difficult for me, you know. All my questions have been answered regarding what we’ve discussed so far.”

Clinician: “Good.”

Caregiver: “It’s just that, you know, the troubling part is that she’s still not in a conscious state.”

Clinician: “Right.”

Caregiver: “So, you know, that’s the troubling part for me.”

Clinician: “Right, right.”

Conversation with White Caregiver

Caregiver: “That test scares the hell out of me.”

Clinician: “We will actually have preliminary results on things like cell counts in there, I think by this evening if we get it down to the lab. You know, so we may have some preliminary stuff as early as this evening to bring back to you.”

Caregiver: “That would be wonderful.”

Clinician: “I know meningitis sounds scary. But bacterial meningitis in this setting is something we can treat with antibiotics.”

Ashana DC, Welsh W, Preiss D, Sperling J, You H, Tu K, Carson SS, Hough C, White DB, Kerlin M, Docherty S, Johnson KS, Cox CE. Racial Differences in Shared Decision-Making About Critical Illness. JAMA Intern Med. 2024 Apr 1;184(4):424-432. doi: 10.1001/jamainternmed.2023.8433. PMID: 38407845; PMCID: PMC10897823.

Quality Insights

Advance Care Planning and Person-Centered Care

- Placing the highest value on patient autonomy and human life
- Uncovering patients' true feelings and desires
- Relaying patients' wishes to physicians
- Sharing collected information on patients' end-of-life wishes with other team members
- Handling conflicts among patients, relatives, and healthcare professionals

Muraya T, Akagawa Y, Andoh H, Chiang C, Hirakawa Y. Improving person-centered advance care planning conversation with older people: a qualitative study of core components perceived by healthcare professionals. J Rural Med. 2021 Oct;16(4):222-228. doi: 10.2185/jrm.2021-022. Epub 2021 Oct 1. PMID: 34707731; PMCID: PMC8527630.

Case

- An 89-year-old resident sustains a hip fracture, which is surgically repaired in the hospital.
- The resident is transferred to a skilled nursing facility for rehab following the surgery.
- On admission, the resident expresses her wishes to be DNR as well as “Do Not Hospitalize.”
- Two weeks later, the resident is seen in the orthopedic surgeon's office, and there is a concern for an incision infection at the hip surgery site.
- The surgeon sends the resident to the hospital for evaluation without consulting with the facility or asking the resident what her wishes are.

“Part of the discipline of the person-centered approach is not to make assumptions about the client’s appropriate process, but to follow the process laid out by the client.”

David Mearns

Take Home Points

Person-Centered Care Principles

Person-centered care emphasizes the importance of understanding each patient's individual needs, preferences, and values. It plays a significant role in shaping medical decision-making within long-term care facilities.

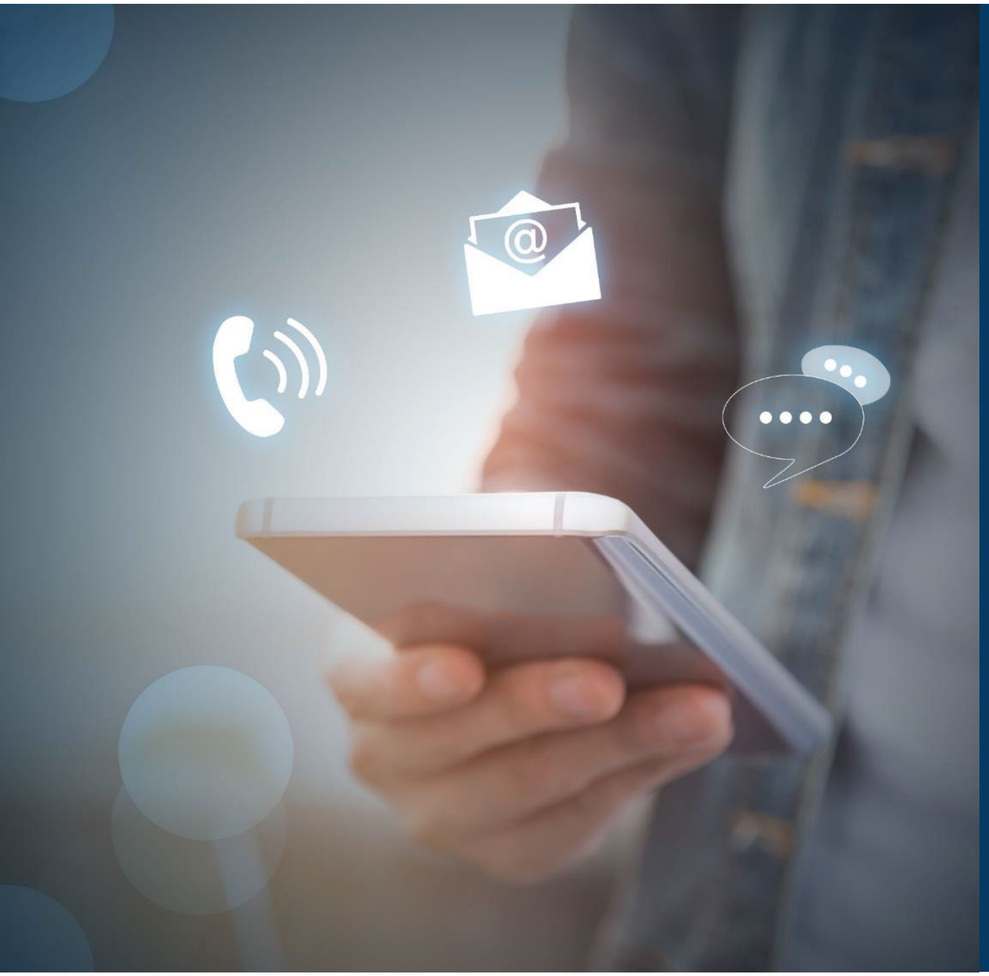
Impact on Patient Outcomes

The practical implications of person-centered care are reflected in improved patient outcomes and the development of more effective treatment strategies within long-term care settings.

Physician Integration and Promotion

Healthcare providers can enhance the quality of medical decisions and overall care delivery in long-term facilities by integrating and promoting person-centered care practices through specific strategies tailored to individual patient needs.

Questions



NAME OF CONTACT

Jean Storm DO, CMD, CHCQM

EMAIL ADDRESS

jstorm@qualityinsights.org

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